



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 1524.1B
BUMED-M7
21 Apr 2004

BUMED INSTRUCTION 1524.1B

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: POLICIES AND PROCEDURES FOR THE ADMINISTRATION OF GRADUATE
MEDICAL EDUCATION (GME) PROGRAMS

Ref: (a) AMA Directory of Graduate Medical Education (NOTAL)
(b) SECNAVINST 1520.11
(c) DOD Instruction 6000.13 of 30 Jun 97
(d) NMETC FTOS/OFI Policies and Procedures Manual (NOTAL)
(e) BUMEDINST 1524.2
(f) BUMEDINST 7050.3
(g) BUMEDINST 1500.19A
(h) BUMEDINST 5420.12C
(i) BUMEDINST 6010.17B
(j) BUMEDINST 6440.5B
(k) SECNAVINST 5214.2B
(l) OPNAVINST 5350.4C
(m) MANMED chapter 1, article 1-22
(n) NSHSBETHINST 6000.41B (NOTAL)
(o) BUMEDINST 1500.18A
(p) DOD Directive 5500.7 of 30 Aug 93
(q) BUMEDINST 6320.66D
(r) BUPERSINST 1610.10
(s) NSHSBETH ltr 1524 07/00290 of 15 Oct 96 (NOTAL)

Encl: (1) GME Certificates of Completion
(2) Program Director Selection Process
(3) Inservice GME Program Director Guidelines
(4) Internal Review Process Guidelines
(5) Guidelines for GME Performance Standards
(6) GME Selection Procedures
(7) Navy GME FTIS Programs Reporting Requirements
(8) Policies for Residents Affected by FTIS Program Closure
(9) Abbreviations

1. Purpose. To provide policies, procedures, and information to direct Navy GME programs and to define the responsibilities involved in GME program management and administration. References (a) through (s) and enclosures (1) through (9) provide additional guidance.

2. Cancellation. BUMEDINST 1524.1A.

21 Apr 2004

3. Background. The Bureau of Medicine and Surgery (BUMED) must maintain sufficient numbers of specialty-trained physicians on active duty to ensure Navy Medicine meets mission essential requirements. To assist in fulfilling this responsibility, BUMED conducts accredited GME programs and sponsors training in accredited non-Navy GME programs. Such specialty or subspecialty training is provided as a means of cost-effective Medical Corps sustainment, skills updating, and retraining in direct support of the wartime and day-to-day operational readiness missions.

4. Definitions

a. Accreditation Council for Graduate Medical Education (ACGME). The ACGME serves to assure the quality of GME programs in the United States through an accreditation process that determines whether training programs conform to established national educational standards and program essentials. The ACGME consists of representatives of the American Medical Association, American Hospital Association, American Board of Medical Specialties, the Association of American Medical Colleges, and the Council of Medical Specialty Societies, and is augmented by a resident representative, a Federal representative, and a representative from the public sector. Accreditation recommendations or decisions are made by specialty-specific Residency Review Committees (RRCs) or the Transitional Year Review Committee under the authority of the ACGME. Reference (a) is published annually and contains details of the accreditation process, the requirements for accredited residencies, and a list of accredited programs. The ACGME also conducts institutional reviews of facilities to determine whether institutions are in substantial compliance with their institutional requirements.

b. GME. GME prepares physicians for the independent practice of a medical specialty by developing clinical skills and professional competencies, and provides training leading to certification by a specialty board. Internship, residency, and fellowship training are included in GME.

c. Medical Corps Training Requirements. BUMED (M09BMC, M1, and M7) analyzes Medical Corps billet authorizations and projected end-strength to determine Medical Corps training requirements. Once determined, BUMED publishes annual Medical Corps training requirements used to develop the precept governing the types and numbers of trainees selected at the annual Graduate Medical Education Selection Board (GMESB).

d. The National Board of Medical Examiners (NBME). This board measures knowledge and competence of applicants for medical licensure through certifying examinations. The NBME and Federation of State Medical Boards (which developed the Federation Licensing Examination) established a common, uniform national examination for medical licensure, the United States Medical Licensing Examination (USMLE). The USMLE is a single examination program with three steps.

e. National Board of Osteopathic Medical Examiners (NBOME) performs a function similar to the NBME function for physicians with doctor of osteopathy degrees. The NBOME administers the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA), a three-level series.

f. RRCs. These committees, chartered by the ACGME, evaluate all allopathic residency and most fellowship programs in the United States. RRCs determine the level of compliance with educational standards published annually by the ACGME. RRCs recommend accreditation status of programs to the ACGME or accredit programs directly if accreditation authority has been delegated by the ACGME. For institutions that sponsor only one GME program, RRCs conduct institutional reviews, described in 4a above, as part of their program site visits.

g. Teaching Hospital. In this instruction, a teaching hospital is any Navy hospital that conducts one or more GME programs.

5. GME Programs. Navy teaching hospitals conduct inservice GME programs for active duty medical officers and Navy sponsors outservice GME training for active duty physicians approved for training in Other Federal Institutions (OFI) and Full-Time Outservice (FTOS) Programs. Reserve medical officers may defer active duty when approved for the 1-Year Delay and Navy Active Duty Delay for Specialists (NADDS) Programs, as governed by reference (b). Applicants for GME training are selected at the annual GMESB, or approved by the Chief, Navy Medical Corps. GME trainees incur obligated service as outlined in reference (c). Officers may participate in GME training only after formal selection for the specific training.

a. Full-Time Inservice (FTIS) Programs

(1) GME-1 (Internship) Training. The Navy conducts inservice GME-1 programs in categorical internships in internal medicine, surgery, pediatrics, obstetrics/gynecology, psychiatry, and family practice, as well as transitional internships. The first year of GME training is conducted to ensure the participant is eligible for State licensure, capable of assuming the duties of a naval general medical officer, and prepared for advanced residency training in the applicable specialty. The annual Naval Medical Education and Training Command (NMETC) Notice 1524, which is sent to medical and osteopathic school graduates, announces GMESB application procedures for first year GME programs and lists inservice GME-1 programs and locations. Navy Armed Forces Health Professions Scholarship Program (AFHPSP) GME-1 applicants who are not selected for a military internship or a full NADDS deferment through residency, are placed in the 1-Year Delay Program and deferred from active duty for 1 year to complete GME-1 training in an accredited civilian internship program.

(2) GME-2+ Inservice Training. The Navy provides residency and fellowship training in specialties and subspecialties at multidiscipline teaching hospitals and residency training at family practice teaching hospitals. A current listing of programs, vacancies, and locations is available at NMETC, and is provided in the annual BUMED Notice 1524, which contains

21 Apr 2004

GMESB application procedures and guidance. Each program must comply with the institutional and program requirements published annually by the ACGME, reference (a); and must provide training in pertinent specialty-specific military unique curricula. Generally, GME programs commence during the summer each year, with the academic year beginning on 1 July and ending on 30 June of the following year.

b. Full-Time Outservice GME-2+ Training. The Navy sponsors OFI, FTOS, and NADDS training based on Medical Corps training requirements developed by BUMED. BUMED sponsors outservice training in specialties and subspecialties for which there is a projected personnel shortfall and no available inservice training capability, or inservice training output is insufficient to overcome the projected shortfall. General guidance regarding specialty and subspecialty training opportunities in OFI, FTOS, and NADDS programs are listed in the annual BUMED Notice 1524. Administrative guidance for outservice trainees is provided in an annual NMETC Outservice Policies and Procedures Manual, reference (d).

c. OFI Program. The Navy sponsors active duty Navy medical officers training in Army and Air Force GME programs and residency or fellowship programs sponsored by OFI, such as the Uniformed Services University of the Health Sciences, the National Institutes of Health, the U.S. Public Health Service, and the Department of Veterans Affairs.

d. NADDS Program. This program is available to Reserve (USNR/USNR-R) medical officers who have, or agree to, obligated service to the Navy. Active duty service is deferred pending completion of a civilian residency or fellowship.

e. One-Year Delay Program. Trainees are designated for this program to defer beginning their initial tour of active duty for 1 year pending completion of an approved civilian internship (GME-1) program. Trainees are not authorized to enter GME-1 programs in pathology, pediatrics, or psychiatry.

f. Financial Assistance Program (FAP). The FAP is available for U.S. citizens accepted or satisfactorily progressing in an accredited civilian GME program in designated specialties. Participants must be free of any contractual obligation that would prevent their appointment as a Medical Corps officer and availability to serve on active duty immediately upon completing training. The Navy provides an annual grant and monthly stipend, in addition to any stipend provided by the civilian program. Participants in the NADDS Program may apply for the FAP.

6. Organization and Responsibilities

a. Chief, BUMED. Provides the guidance for implementing and administering Navy GME programs, establishes policies based on recommendations of the Medical Education Policy Council (MEPC), serves as an outservice funding source, and assures development, completion, and implementation of the annual Medical Corps training plan.

b. BUMED Medical Corps Specialty Leaders provide expertise in areas unique to their specialty per reference (h). The specialty leaders serve as principal advisors on issues regarding current and projected GME training in their specific specialty.

c. Chief, Navy Medical Corps. As Chair of the MEPC, oversees the development of GME policies, and presents major policy and program revisions to the Chief, BUMED. The Chief, Navy Medical Corps may approve selection of GME trainees outside the GMESB when necessary to meet the needs of the Navy as dictated by changing requirements, unanticipated program vacancies, or trainee losses. (Selection of officers outside the GMESB is considered only after exhausting any existing alternate list for the specialty concerned and is implemented consistent with the training plan.)

d. MEPC. Evaluates, develops, and proposes Medical Corps professional education policy for review and approval by the Chief, BUMED per reference (e). The MEPC reviews, evaluates, and advises on all joint service GME initiatives, on all proposals to establish, disestablish, and modify Navy GME programs, and on GME program accreditation issues.

e. Deputy Chief BUMED, Manpower and Personnel. Analyzes Medical Corps billet authorizations and projected end-strength and provides the annual Medical Corps training requirements, including specialty and subspecialty training requirements, to NMETC by 1 September each year for use in developing the precept for the annual GMESB.

f. Deputy Chief BUMED, Education and Training. Oversees BUMED training and education policy and planning, oversees the administration of Navy GME, and serves as a principal advisor to the Chief, BUMED on all matters relating to the professional education of physicians.

g. Commander, NMETC

(1) Serves as Navy program manager for all GME programs, reviews and executes training plans for the Medical Corps, and ensures Chief, BUMED representation to the NBME and ACGME.

(2) Serves as Navy representative for medical education to the Assistant Secretary of Defense for Health Affairs and ensures coordination for all joint service medical education initiatives.

(3) Develops the annual BUMED Notice 1524 containing GME-2+ application guidance and coordinates the development of the annual NMETC Notice 1524 containing GME-1 application guidance.

(4) Develops the annual GMESB precept; plans and conducts the annual GMESB; coordinates Navy GMESB planning with, and serves as the assistant to, the Navy representative on the Flag Officer Committee on GME.

21 Apr 2004

- (5) Monitors the accreditation status of inservice programs.
- (6) Coordinates memoranda of understanding development and processing for FTOS trainees per reference (f).
- (7) Provides financial management for tuition, reimbursements, and integral parts of training (IPOT) for outservice programs per reference (g).
- (8) Coordinates placements and changes in trainee status with BUMED Medical Corps specialty leaders, GME program directors, and Navy Personnel Command (NAVPERSCOM).
- (9) Plans, manages, and implements periodic MEPC meetings.
- (10) Interacts with academic institutions, professional organizations, and civilian agencies.
- (11) Approves changes in GME trainee specialty, site, or category of training.
- (12) Reviews Navy Recruiting Command applications for GME from civilian applicants and for the FAP.

h. Commanders and Commanding Officers of Navy Teaching Hospitals

- (1) Ensure all programs conducted within their commands comply with current BUMED and ACGME policies and requirements.
- (2) Appoint a director of medical education (DME) and a GME Committee (GMEC).
- (3) Provide institutional, financial, and personnel support for GME programs and Medical Corps professional activities, including attendance at national program director meetings.
- (4) Negotiate memoranda of understanding with non-Federal institutions for IPOT for inservice programs per references (f) and (g).
- (5) Endorse and forward MEPC proposals per reference (e) and ensure no program changes are implemented before approval by the Chief, BUMED.
- (6) Ensure implementation of procedures specified in enclosures (1) through (8). Abbreviations used in this instruction are included as enclosure (9).
- (7) Ensure guidelines for supervision of trainees are addressed in medical staff bylaws (developed in compliance with reference (i)) and departmental operating procedures. Topics to be considered for the supervision guidelines are: documentation of supervision, trainee requests for medical staff assistance, admission of patients, and discharge planning.

(8) Ensure the trainee evaluation process is incorporated in the medical quality assurance program.

(9) Ensure training records are maintained following enclosure (3).

(10) Ensure there is no communication, from specialty leaders, program directors, or any other individual within the command, with civilian oversight bodies verbally or in writing regarding changes in Navy GME policy, (such as changes in length of training programs, major residency restructuring, or statements concerning Navy GME philosophy) without prior approval from NMETC and, where appropriate, the Chief, BUMED via the MEPC.

(11) Ensure post graduate year (PGY)-1 program directors direct trainees to attempt to successfully complete all appropriate licensing examinations by the end of the first year of GME.

(12) Ensure no medical training is approved for 20 or more weeks unless approved via the GME selection process.

(13) Ensure program leadership continuity, per reference (j). To the maximum extent possible, refrain from assigning program directors to mobilization platforms, extended deployments, or transfer prior to completion of a tour length of the program length plus 1 year, except for transitional year program directors whose minimum tour length is 3 years.

(14) The commander or commanding officer is the final approval authority when Graduate Medical Education Committee/Executive Council (GMEC/EC) decisions regarding trainee status are appealed.

i. DME. A Medical Corps officer of each teaching hospital will serve as the DME. The DME is the principal GME advisor to the commander or commanding officer and shall:

(1) Ensure all institutional and program requirements of the ACGME are maintained and provide reports of internal reviews and accreditation issues to the MEPC and to NMETC.

(2) Monitor all aspects of GME programs.

(3) Represent the teaching hospital in direct interaction with NMETC in matters pertaining to GME.

(4) Submit proposals to establish, disestablish, or modify GME programs to the MEPC via the GMEC with an endorsement from the command.

(5) Submit required annual and situational reports per enclosure (7), to NMETC via the command.

21 Apr 2004

j. GMEC of Each Teaching Hospital. Provides advice on and monitors all aspects of GME, as specified by reference (a), and is composed of the DME as chair, GME program directors, resident representatives, and other members appointed by the command. A nonvoting legal advisor may be appointed as required.

(1) The GMEC members are the principal GME advisors, assisting the command in all matters concerning GME, overseeing implementation of guidelines specified in enclosures (2) through (8) regarding program director selection and responsibilities, internal reviews, trainee selection, trainee performance standards, and reporting requirements.

(2) The GMEC considers all proposals to establish, disestablish, or modify GME programs.

(3) At the discretion of the command, an executive council of the GMEC may be appointed to assist the GMEC in carrying out its functions. The executive council will be composed of the DME as chair and such other GMEC members as the command may determine to be appropriate.

(4) The GMEC or the executive council of the GMEC will serve as the institution's governing body in all GME matters, including ensuring establishment of fair procedures for both the discipline and the adjudication of resident complaints and grievances relevant to the GME program. Due process must be afforded all GME trainees being considered for involuntary termination, probation, extension of training, or any other adverse actions, or when there are grievances against a GME program or the institution in matters related to GME. The GMEC reviews trainee functional skill requirements and performance of all trainees who have been placed on probation. Appeals to decisions of the governing body will be referred to the commander or commanding officer of the teaching hospital for final decision.

(5) The GMEC conducts regular reviews of all residency programs, per the institutional requirements of reference (a) and enclosure (4), to assess compliance with ACGME institutional and program requirements. The GMEC addresses all areas of current or potential noncompliance, provides advice on resolution of issues, and monitors implementation progress.

(6) The GMEC reviews and endorses any substantive communication (including required program reports) between programs and respective RRCs.

(7) The GMEC is the approval authority (with command endorsement) for voluntary withdrawal, probation, training extensions, and involuntary termination.

k. Program Directors. Selected following the process delineated in enclosure (2).

(1) Implement GME programs, ensure maintenance of full ACGME program accreditation, and evaluate progress of trainees assigned to their training program.

(2) Develop the curriculum, trainee performance standards, faculty and administrative staffing plans, and faculty development programs to comply with Navy and ACGME requirements.

(3) Oversee the establishment, maintenance, and disposition of training records for trainees; ensure each trainee is aware of Navy GME and ACGME policies and procedures; counsel and evaluate trainees per enclosure (3).

(4) Ensure the DME, the command, and NMETC are fully informed of all communication with the ACGME.

(5) Prepare and submit required reports specified in enclosure (7).

(6) Participate in the selection of residents and fellows at the annual GMESB and Joint Service Graduate Medical Education Selection Board (JSGMESB).

(7) Assist and coordinate selection and approval of teaching staff.

(8) Serve as program director for at least the program length plus 1 year. (Transitional year program directors serve at least 3 years.)

1. The GMESB. Is an administrative board governed by a formal precept issued annually by the Chief, BUMED and approved by the Chief of Naval Personnel which selects candidates for training in Navy inservice and Navy-sponsored outservice GME and nonclinical postgraduate education programs. The application and selection process is explained in enclosure (6) and guidance is published annually by BUMED Notice 1524 distributed in May or June of each year.

m. GME Trainees

(1) Develop a personal program of self-study and professional growth under the guidance of teaching staff.

(2) Participate fully in educational and scholarly activities of the program and assume responsibility for teaching and supervising other residents and medical students.

(3) Participate in the committees and councils of the hospital, especially those which relate to patient care review.

(4) Participate in hospital activities involving medical staff and adhere to the practices, procedures, and policies of the institution.

(5) Provide at least annually, a critique of the training program and faculty members for review by the program director.

(6) For outservice FTOS and OFI trainees, comply with all administrative requirements of reference (d).

(7) Take appropriate inservice and licensure examinations and obtain State licensure as soon as eligible.

21 Apr 2004

n. Head, Medical Department Officer Assignment and Distribution Branch, NAVPERSCOM (PERS-4415). Serves as advisor to the MEPC and the GMESB providing expertise on assignment and distribution policy and procedures affecting GME programs and Medical Department officers.

7. Trainee Status Changes

a. GME Assignments. Assignments to all GME programs are coordinated by NMETC to facilitate appropriate detailing action by NAVPERSCOM. Requests for changes in training assignment, including site, specialty, or category of training, must be submitted in writing to NMETC, and endorsed by the trainee's command if the trainee is currently in an FTIS program. NMETC is the approval authority for all changes to GME assignments.

b. Extensions of Training. Navy teaching hospitals will send a report of any GMEC/EC action approving an extension of the length of GME training to NMETC within 5 days of the action per enclosure (7). This includes extensions for nonadverse reasons and extensions as a consequence of probationary periods. NMETC will notify NAVPERSCOM and BUMED.

c. National Emergency. In the event of national emergency and mobilization, BUMED will plan efforts to provide support for and maintain the commitment to GME. However, training programs may be suspended or terminated and personnel reassigned to meet the needs of the Navy and national defense.

d. Deployment of Residents. Residents will be deployed only as an elective rotation with appropriate educational goals and faculty supervision.

e. Probation, Suspension, Voluntary Withdrawal, or Termination. Enclosure (5) provides guidelines governing probation, suspension, voluntary withdrawal, involuntary termination, dismissal, and reinstatement. Academic disciplinary procedures required in cases of unsatisfactory professional performance or progress are also defined. Naval medical officers enrolled in Navy in-service or outservice FTOS GME programs may be suspended, placed on probation, or terminated for the following reasons (as appropriate):

- (1) Individual request for voluntary withdrawal.
- (2) Unacceptable moral or ethical conduct.
- (3) Violation of Navy disciplinary or administrative standards.
- (4) Less than satisfactory academic or professional progress or performance.
- (5) Prolonged absence from the program.
- (6) National emergencies.

8. Reporting Requirements. All teaching hospitals will submit required reports and other documents to NMETC as specified in enclosure (7).
9. Dissemination. All naval hospitals providing GME will ensure the members of the teaching staff and the residency house staff are aware of the contents of this instruction. A copy of this instruction will be provided to each trainee upon entering GME, and a copy will be maintained in each GME office and in the offices of the program directors.
10. Report Exemption. The requirements contained in this instruction are exempt from reports control by reference (k), part IV, paragraph G8



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Available at: <http://navalmedicine.med.navy.mil/default.cfm?selTab=Directives>

GME CERTIFICATES OF COMPLETION

The following process will be used to obtain certificates of completion of Navy inservice GME programs.

1. All teaching hospitals must ensure the accurate and timely preparation of lists of officers completing GME training by category: internship, residency, and fellowship.

a. Prepare each of the three lists in the form of a chart with the hospital name at the top and columns labeled from left to right in this order: rate, name, corps, designator, specialty, inclusive dates of training (from__to__), and trainee initials. Names must be in alphabetical order. Separate lists for each specialty may be provided if they comply with this format.

b. Program directors and GME coordinators must verify and sign each list to assure accuracy and completeness.

c. Trainees listed must initial at their names to certify accuracy of individual information.

2. The command must forward a GME Certificates of Completion Report to arrive at NMETC no later than 1 May, or for trainees not completing training at the end of an academic year, no later than 3 months before completion of training.

3. NMETC enters the program completion data in GME records and the GME database.

4. The GME Office at each teaching hospital prepares a certificate for each trainee per reference (s).

5. Each GME Office will forward the signed certificates with their corresponding lists, to BUMED for Chief, BUMED's signature. BUMED will return all signed certificates to the GME Office at the teaching hospital.

6. Trainees are responsible for retaining their GME certificates of completion. Duplicates will not be issued.

PROGRAM DIRECTOR SELECTION PROCESS

The following process will be implemented to identify and select candidates for GME program directors. To fill each GME program director vacancy:

1. The program director informs the command, specialty leader, NAVPERSCOM, and NMETC-0GMC of plans to leave the position. For National Capital Consortium (NCC) programs, the program director informs the NCC GME Office which coordinates the selection process.
2. NAVPERSCOM identifies or is informed of potential program director vacancy and notifies NMETC.
3. The BUMED Medical Corps specialty leader and NAVPERSCOM assignment officer develops the list of candidates.
 - a. The BUMED Medical Corps specialty leader solicits candidates from the field by publicizing the vacancy and collecting curriculum vitae from the interested applicants. A preliminary list of candidates may be forwarded to the command.
 - b. The NAVPERSCOM assignment officer provides availability (for program length plus 1 year) information and personnel concerns which preclude or facilitate candidate assignment.
4. The NAVPERSCOM assignment officer provides the list of candidates approved by the Chief, Navy Medical Corps, to the specialty leader, gaining command, and NMETC.
5. The specialty leader discusses the candidate list with the gaining command.
6. The gaining command implements local selection protocol.
7. The gaining command makes the final selection from the list of approved candidates and notifies the Chief, Navy Medical Corps and specialty leader.
8. The specialty leader informs NMETC and the assignment officer of selection.
9. The assignment officer issues orders and NMETC records selection in GME databases and central files.
10. The gaining command issues a letter appointing the new GME program director for the program length plus 1-year with copies to the appropriate RRC and NMETC.

INSERVICE GME PROGRAM DIRECTOR GUIDELINES

Consult reference (a) for the complete list of program director responsibilities required by the ACGME. The following are guidelines:

1. Curriculum Development, Performance Standards, and Faculty Staffing. Program directors will develop a curriculum which complies with ACGME and Navy requirements for operational readiness training. Program directors will develop specific performance standards for each year level of training and ensure supervision of trainees. Per reference (a), program directors will ensure staff, adequately trained in the required specialty areas, are available for the supervision and education of residents.
2. Trainee Orientation. Program directors will ensure each trainee is aware of the following Navy policies and procedures:
 - a. Specific command and department regulations, including medical staff bylaws required by reference (i).
 - b. "Zero tolerance" to drug or alcohol abuse, reference (l).
 - c. Prohibition against extramural practice for remuneration during training (moonlighting), reference (m).
 - d. Encouragement of research through the Clinical Investigation Program, reference (n).
 - e. Funding for board certification, reference (o).
 - f. Standards of conduct, reference (p).
 - g. Requirements for State licensure, reference (q).
 - h. Participation in command quality assurance programs.
3. Training Record. The program director will ensure a training record is established, maintained, and archived on each trainee. Individual records will include, as a minimum, the trainee's program beginning and completion or termination dates, and all evaluations and performance standards achieved during training. Copies of all academic and administrative actions and their resolutions recommended by the GMEC will be included, as applicable. Training records will be archived either in the hospital's central GME office or in the departmental office and must comply with all provisions of the 1974 Privacy Act. All training records will be maintained by the institution for at least 50 years after training completion and then forwarded to the National Personnel Records Center (Military Personnel Records), 9700 Page Boulevard, St. Louis, MO 63132. Records of former or retired Medical Department personnel are also

21 Apr 2004

maintained at the National Personnel Records Center (Military Personnel Records). When a Navy teaching hospital closes, arrangements for permanent storage of training records must be made following the BUMED policy in effect at the time of closure.

4. Trainee Evaluation and Counseling. Program directors will ensure formal evaluation and counseling is conducted following ACGME and RRC requirements. The evaluations should include, but not be limited to, quality of care provided, fund of medical knowledge, soundness of medical judgment, ability to establish doctor-patient relationships, and technical proficiency in the skills required for their specialty or subspecialty. Evaluations should also include a statement regarding professional, moral, and ethical conduct.

a. Complete and timely information on the GME selection process, including information contained in enclosure (6), should be provided when appropriate.

b. Lack of satisfactory progress and failure to achieve the appropriate skill levels must be identified early, discussed with the trainee, and reported to the DME or GMEC. Appropriate actions will be taken as specified in enclosure (5).

c. Upon successful completion or termination of a Navy training program, the program director will provide the trainee with a complete list of the skill levels achieved which will become a part of the trainee's permanent credentials package.

d. Program directors will complete fitness reports (FITREPS) on trainees per reference (r) and NAVADMIN 049/97.

e. Program directors will complete current, approved standard evaluation forms for trainees at the end of their training, and provide program director recommendations on standard forms for GME applicants.

INTERNAL REVIEW PROCESS GUIDELINES

1. The process of internal review is a periodic analysis of residency training programs which should be accomplished by an ad hoc committee midway between reviews by the RRC of the ACGME.
2. The GMEC is responsible for ensuring internal reviews of GME programs are conducted. An internal review committee, appointed by the chair of the GMEC, will be chaired by a program director from an interfacing department. Other members include faculty, residents, and administrators, from within the institution but from programs other than the one that is being reviewed. External reviewers may also be included on the review body as determined by the GMEC. The review must follow a written protocol approved by the GMEC. In naval hospitals with a single training program, the committee will be chaired by the head of an interfacing department vice another GME program director.
3. The internal review committee will conduct an assessment and develop recommendations for improvement of the GME Program. The committee will present a written report of the internal review and the GMEC will review it for monitoring of areas of noncompliance and appropriate action. The institutional requirements set forth in reference (a), should be followed and reviews conducted to comply with the requirement to assess the residency program's compliance with each of the program standards and to appraise the following:
 - a. The educational objectives of each program.
 - b. The adequacy of available educational and financial resources to meet these objectives.
 - c. The effectiveness of each program in meeting its objectives.
 - d. The effectiveness in addressing citations from previous ACGME letters of accreditation and previous internal reviews.
 - e. The use of dependable measures to assess residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice as defined in section II.B of reference (a), and in the program requirements.
 - f. The effectiveness of each program in implementing a process that links educational outcomes with program improvement.

GUIDELINES FOR GME PERFORMANCE STANDARDS

1. Voluntary Withdrawal. Trainees may submit a written request to voluntarily withdraw from their training program. This request must include a requested effective date of withdrawal and must be submitted to the GMEC/EC, via the trainee's program director. The program director's endorsement must state the circumstances related to the voluntary withdrawal request, whether the trainee's progress has been satisfactory, and specifically recommend approval or disapproval. A report of the GMEC/EC action must be sent to NMETC within 5 days of the action per enclosure (7). NMETC will notify NAVPERSCOM that the trainee is available for reassignment and coordinate recalculation of the trainee's obligated service.

2. Inadequate Academic or Professional Progress or Performance

a. Remedial, Nonadverse Action. GME programs require flexibility in program structure and methodologies. Program directors will, through frequent evaluation of the trainee's performance, identify those trainees whose academic or professional performance is not meeting the milestones for that specialty. Trainees will be given counseling and assistance to overcome noted deficiencies. Remedial actions will be taken and documented by the program director before more serious actions are initiated. These discretionary actions will be thoroughly discussed with the trainee, and documented in his or her training record. The program director will consider the appropriateness of recommending a medical and psychological examination for a trainee with persistent performance problems.

b. Probation. Upon the recommendation of the program director, a GME trainee may be placed on probation by action of the GMEC/EC. The purpose of academic probation is to impress the trainee with the seriousness of his or her deficiency or misconduct and to give the trainee the opportunity to correct those deficiencies. Probation will be documented by written notice informing the trainee of deficiencies, acts, or circumstances for which the probationary status is imposed, the duration of the probation, and specific recommendation to assist the trainee in overcoming the problem or problems.

(1) The duration of probation will normally be for 6 months or less. If satisfactory progress has been demonstrated, the probationary status may be removed by the GMEC/EC. If adequate progress has not been shown, the GMEC/EC may recommend involuntary termination or approve an additional period of probation, not to exceed 3 months. Trainees who fail to demonstrate adequate progress after two consecutive periods of probation will normally be recommended for involuntary termination. A period of time equal to the probationary status may be added to the time required for completion of the program. If the length of training is extended as a result of probationary periods, the trainee's command will notify NMETC who will notify NAVPERSCOM and BUMED to facilitate appropriate administrative actions. Obligated service will continue to accrue as long as the trainee remains in an authorized GME training billet as identified on the command's manpower documents.

21 Apr 2004

(2) All reports of trainee probationary status must be submitted by the program director, via the local chain of command, to NMETC, per enclosure (7), and must include a statement indicating whether the period of probation will result in an extension of training. NMETC will notify NAVPERSCOM to modify the trainee's projected date for completion of training if an extension is planned. Requests for authority to grant periods of probation in excess of 180 days or beyond two consecutive periods must be coordinated with NMETC and NAVPERSCOM before GMEC/EC approval.

c. Involuntary Termination. A recommendation for involuntary termination of GME training must be made by the program director in cases where continuation in training presents a hazard to patients, when serious unethical or unprofessional conduct is involved, or when serious deficiencies in performance or behavior persist, despite documented efforts to correct the problem through remedial, nonadverse, or probationary procedures.

(1) The GMEC/EC will review the recommendation submitted by the program director and approve or disapprove the recommendation. Any appeal of an action by the GMEC/EC to involuntarily terminate a trainee's GME training must be submitted to the command for final decision. Paragraph 5 below contains guidance on convening a GMEC review hearing when required. All reports of involuntary termination from a GME program must be submitted by the program director, via the local chain of command, to NMETC per enclosure (7). The commander or commanding officer's report of the final decision on an appeal will be forwarded to NMETC for record purposes and retained on file in NMETC. NMETC will notify NAVPERSCOM if the training has been terminated and the officer is available for reassignment, and coordinate recalculation of the former trainee's obligated service.

(2) There must be institutional policies and procedures to satisfy the requirements of fair procedures and apply to residents in sponsoring and participating institutions. These must be adhered to by all parties potentially involved when actions are contemplated that would result in involuntary termination from a GME program. Residents, program directors, teaching staff, and administration should be involved in the development of these policies and procedures which are to be approved by the GME governing body and the command and shall include the steps outlined in paragraph 5 below. The command must ensure the GMEC/EC develops and adheres to an equitable and satisfactory mechanism for all parties to seek redress of a grievance against a GME program or the institution.

d. Summary Action to Restrict or Suspend Training Status. If information is received that indicates: (1) improper, unethical, or unprofessional conduct by the trainee; (2) conduct that will likely adversely affect the trainee's ability to engage in patient care activities; or (3) substandard patient care by the trainee, the program director will immediately investigate and either suspend the trainee's patient care activities or document his or her confidence in the trainee. If the trainee's patient care activities are summarily suspended, the program director will prepare a report within 5 days of the suspension and submit it, with specific recommendations, to the GMEC. The GMEC/EC will review the program director's report and determine the action to be taken. In conducting its review, the GMEC/EC will follow the guidance outlined in paragraph 5

below when required. If the GMEC/EC action is appealed, the appeal will be forwarded to the commander or commanding officer with a recommendation for final action. The command will approve or disapprove the recommendations of the GMEC/EC, ensure that the trainee is formally notified of the final decision, and forward a summarized report to NMETC for record purposes. NMETC will acknowledge receipt of the command's report and file it in the trainee's GME file. If the resident is involuntarily terminated from a GME program, NMETC will notify NAVPERSCOM of the trainee's availability for assignment, coordinate recalculation of the trainee's obligated service, and advise BUMED so that appropriate credentialing action can be taken. Paragraph 5 below contains guidance on convening a GMEC review hearing.

3. Failure to be Selected for Promotion to the Next Higher Officer Grade. If a Reserve officer of any grade or Regular officer below the grade of commander, twice fails to be selected for promotion to the next higher officer grade, training status may be terminated following NAVPERSCOM policy and procedures.

4. Prolonged Absence from the Program. Under ordinary circumstances, brief periods of absence due to sick leave, temporary additional duty, or leave can be accommodated provided training requirements and milestones are met or made up in a satisfactory manner. In those instances in which there is a prolonged absence (periods which cause a delay in meeting the milestones and requirements of the specialty boards and ACGME special requirements for satisfactory completion of training), the program director will investigate the circumstances and recommend necessary action to the GMEC/EC. The program director will submit a report of the GMEC/EC action taken, via the local chain of command to NMETC. NMETC will notify NAVPERSCOM. An officer will continue to accrue obligated service for the time spent in leave of absence status.

5. Right to a Hearing. A trainee who has received notice of a recommendation for delay in completion or involuntary termination of training or has had patient care activities summarily suspended may request review of the action by the GMEC/EC. The trainee will have 10 days from the date he or she receives the recommendation to submit to the DME a written request for a GMEC/EC review hearing. Failure by the trainee to make the written request for a review hearing constitutes a waiver by the trainee of his or her right to review. The proceedings or the review hearing are not bound by formal rules of evidence or a strict procedural format. The GMEC/EC may question witnesses and examine documents as necessary. The trainee is entitled to adequate notice of the hearing and a meaningful opportunity to respond. This will include the right to be present at the hearing. If the trainee cannot be present, and a reasonable delay would not make it possible for the trainee to attend, then the command may authorize the hearing to be held in the trainee's absence.

a. When the trainee is to be present at the hearing, the following rights apply:

- (1) To waive the hearing.
- (2) To obtain notice of the grounds for the action.

21 Apr 2004

(3) To obtain copies of documents being considered by the board.

(4) To know who will testify at the hearing.

(5) To have military counsel or to secure civilian counsel at his or her own expense.

(Presence of counsel at the hearing is not an absolute right. Counsel may be excluded from the hearing if counsel's presence unduly impedes the committee.)

(6) To present evidence at the hearing.

(7) To question adversarial witnesses.

(8) To make a statement on his or her own behalf.

b. When authorization is given for the hearing to be held in the absence of the trainee, the following trainee rights apply:

(1) To obtain notice of the grounds for the action.

(2) To obtain copies of documents being considered by the board.

(3) To know who will testify at the hearing.

(4) To waive the hearing.

(5) To secure civilian counsel or other hearing representative at his or her own expense.

Counsel or representative may present evidence at the hearing and cross-examine adverse witnesses on behalf of the trainee. (Presence of counsel or representative is not an absolute right. Counsel or representative may be excluded from the hearing if counsel or representative unduly impedes the committee in the performance of its duties.)

(6) To submit a statement of evidence in his or her own behalf.

c. The trainee will be given notice of these rights by having the information personally delivered to the trainee or sent by registered or certified mail, return receipt requested.

d. A record of the proceedings must be preserved and retained on file in the office of the DME for 50 years.

e. The GMEC/EC should expeditiously review all evidence received at the hearing. After the evidence has been reviewed, the voting members of the GMEC/EC should deliberate in secret and determine, by majority vote, the action to be taken, notify the trainee of the action to be taken, and prepare a summary report of the information considered. If the GMEC/EC action is appealed, the commander or commanding officer will review the GMEC/EC record of proceedings and

recommendations and approve or disapprove the appeal. A copy of the summary report and, if appealed, the command's final decision will be forwarded to NMETC for record purposes and retained on file in NMETC.

6. Full-Time Outservice (FTOS) Training. Trainees in FTOS training in civilian institutions will be subject to the provisions of due process for that institution. All actions which would delay completion of training or lead to termination of training will be reported to NMETC by the trainee via the program director or other appropriate authority at the civilian training institution and the trainee's administrative command.

7. Reassignment Following Withdrawal or Termination of GME. Medical Corps officers who withdraw from a GME program for any reason, and Medical Corps officers whose training is terminated, will normally be reassigned to an appropriate operational assignment, unless other administrative actions are anticipated or immediate reassignment in GME is in the best interest of the Navy. Applications for reassignment to a GME program will normally be via the GMESB.

GME SELECTION PROCEDURES

1. GMESB Selection Procedures

a. Annual Notices. The annual BUMED Notice 1524, Graduate Medical Education Selection Board (GMESB) Application and Guidance for GME-2+ (Residency and Fellowship) and Nonclinical Postgraduate Education, and the NMETC Notice 1524, Application for Internship--First Year of Graduate Medical Education (GME-1) are issued each spring to announce application procedures for the GMESB the following fall. The notices should be consulted for specific, current information on the following:

(1) Joint Service GMESB (JSGMESB) convening date and location. (The JSGMESB always convenes the week immediately following the Thanksgiving holiday.)

(2) Projected selection goals for inservice, FTOS, OFI, and NADDS Programs.

(3) Electronic application Web site address, application deadline, and additional guidance for applicants.

b. Precept. The formal precept governing the annual GMESB is developed each year by BUMED and NMETC, issued by the Chief, BUMED and approved by the Commander, NAVPERSCOM. The precept formally appoints the GMESB President (a Medical Corps flag officer), voting members (senior Medical Corps officers), the senior recorder (NMETC) and additional recorders, and authorizes the appointment of specialty committee members. The precept provides specific guidance for selecting candidates for Navy-sponsored GME programs, establishes the number of medical officers to be selected for GME training, delineates the specialties and GME programs for which applicants may be selected (based on the BUMED-developed training requirements), and specifies the number of selections allowed for each Navy-sponsored GME program.

c. Application Procedures. GME applicants must complete and submit applications electronically as specified in the annual notices, and print copies for their files, and for GME-2+, for command endorsement. In addition, GME-2+ applicants should interview or otherwise communicate with the appropriate specialty leader(s) and program directors of the GME programs in which they are interested. Commands ensure GME-2+ applications are reviewed, formally endorsed, and forwarded with all required documents to arrive in NMETC by the specified deadline and all applicants ensure all required supporting documents arrive by the deadline. Applications received after the deadline are not processed for consideration by the GMESB, except as authorized by the President of the Board.

d. Application Processing. NMETC assembles and organizes the application packages, develops the database of applicants, and prepares these for the GMESB. GME-2+ applicants may access the application Web site to check the status of their applications.

21 Apr 2004

e. NAVPERSCOM Screening. NAVPERSCOM administratively reviews the service records of GME-2+ applicants before the GMESB convenes. This review determines GME assignment compatibility and ensures applicants meet all basic requirements for transfer, including promotion eligibility, compliance with physical readiness standards, and other administrative requirements.

f. JSGMESB Selections. Navy program directors and Medical Corps specialty leaders participate on joint service selection panels with representatives from the other Services. They review and score applications of Army, Navy, and Air Force applicants for GME-2+ programs. Navy specialty committees and the Navy Intern Selection Committee present recommendations for selection of Navy applicants for specific GME programs (inservice, FTOS, OFI, NADDS) to the Navy Board President and members.

g. GMESB Selection Decisions. The Navy Board makes the final designation of GME-1 applicants for Navy training, 1-year deferment, or full deferment; and makes the final designation of GME-2+ applicants as either a primary select, alternate select, or nonselect for GME training. The results of the GMESB are endorsed by the Chief, BUMED and approved by the Commander, NAVPERSCOM before release.

h. Selection Notification. Selection results are announced approximately 10 days after conclusion of the GMESB and are available via the NMETC GME Office Web site. In addition, GME-1 applicants and GME-2+ nonselects are notified by letter. GME-2+ applicants who are designated as alternate selects are placed on alternate lists maintained by NMETC. If a primary select declines or is unable to attend training, an alternate from the pool of designated alternates may be selected in coordination with NAVPERSCOM.

i. Applicant Response. Applicants who are selected for GME-2+ must notify NMETC of their decision to accept or decline training by the published deadline. Individuals selected for more than one training program (GME, flight surgery, or undersea medicine) may accept only one program. Acceptance of a flight surgery or undersea medicine program forfeits designation as an alternate in any other program.

2. Chief, Navy Medical Corps GME Selection Procedures

a. Justification. Occasionally the needs of the Navy require placing a medical officer in GME without an application to the GMESB. Under these circumstances the Chief, Navy Medical Corps may select individuals for GME.

b. Procedures. When the need for a Chief, Navy Medical Corps GME Selection is identified, NMETC will prepare a recommendation containing the following:

- (1) Documentation of the type and duration of GME requested.
- (2) Documentation from NAVPERSCOM-4415 of the requesting individual's availability for training.

(3) A complete description of the circumstances which suggest the need for a Chief, Navy Medical Corps selection. Normally, this selection method will not be used if selectees or alternates from a previous GMESB are available in the needed specialty area, or if multiple individuals desire the training under consideration.

(4) Documentation of specialty leader and FTIS program director (if applicable) concurrence with the proposed selection.

c. Implementation. NMETC will notify the applicant, NAVPERSCOM, the specialty leader, and the FTIS program director (if applicable) of the Chief, Navy Medical Corps decision.

NAVY GME FTIS PROGRAMS REPORTING REQUIREMENTS

GUIDANCE FOR ANNUAL AND SITUATIONAL REPORTS			
ANNUAL REPORTS			
Report Title	Due Date	Report Format	Reportable Data Elements
GME Certificate of Completion Report	1 May	7 Column Table	(1) Graduate's Rank, (2) Graduate's Name, (3) Corps, (4) Designator, (5) Specialty, (6) Inclusive Dates of Training, (7) Graduate's Initials
Board Certification Pass Rates Report	1 May	5 Column Table	(1) Academic Year, (2) Name of Program, (3) Number of Examinees Participating in Board Certification Examination, (4) Number of Examinees who Passed Examination on First Attempt, (5) Overall First Time Pass Rate Expressed as a Percentage
Licensure Examination Trainee Delinquency Report	1 May	6 Column Table	(1) Academic Year, (2) Name of Program, (3) Rank and Name of Each GME-1 Trainee Who Either Did Not Take, Did Not Pass, or Who Has No Recorded Results for the Final Step of the USMLE or COMLEX Licensure Examination, (4) Delinquent Category (did not take, did not pass, or no results) (5) Highest Level of Licensure Exam Successfully Passed, (6) Date of Examination for Highest Level Examination Successfully Passed
GME Terminations, Voluntary Withdrawals and Academic Probations Report	1 Aug	5 Column Table	(1) Category of Action (Termination, Withdrawal, or Probation), (2) Trainee Rank, (3) Trainee Name, (4) Name of Program, (5) Date of Final Local Administrative Action
Military Unique GME Training Report	1 Sep	20 Row Table for Each Program	(1) Specialty, (2) Program Location, (3) Program Director, (4) Does Program Have a Military Unique Curriculum? (5) Is Content Generic at GME-1 Level? (6) Is Content Specialty Specific after PGY-1? (7) Are Prevention Initiatives Emphasized? (8) Does the Faculty Utilize the Curriculum? (9) Does the Program Director Evaluate the Efficacy of the Program? (10) Brief Description of How the Program Director Evaluates the Efficacy of the Program (11) Does Program Provide Opportunities for Trainees to Experience Practice of Specialty in an Operational Setting? (12) What percentage of graduating residents/fellows have participated in such operational opportunities during the last 12 months? (13) If not 100 percent, report both the percentage and fraction of trainees who have not participated and a brief explanation, (14) Is the Current Military Unique Curriculum Reviewed Annually and on File in the Program Director's Office? (15) Is the participation of interns, residents, and fellows annually verified, recorded, and retained in local records? (16) Does the Program Director maintain local records of topics covered, trainee attendance, and relevant readiness exercises in which trainees have participated? (17) Point of Contact for Questions Pertaining to the Report, (18) Telephone and E-mail Address of Point of Contact, (19) Name of Person Preparing Report, (20) Comments (Optional)

21 Apr 2004

SITUATIONAL REPORTS		
Report Title	Due Date	Report Format
Report of Trainee Adverse Action including Probation, Suspension, and Termination	Within 5 days of action	Copy of the letter of notification of adverse action to the trainee in standard Navy letter format, with a copy of the locally developed Summary Report when appropriate. Include the name of the command, GME program, trainee's rank, full name, and a summarized narrative of the circumstances, pertinent findings, dates involved, and action taken.
Report of Training Extension	Within 5 days of action	Copy of the letter of notification to the trainee in standard Navy letter format or an electronic copy of the e-mail notifying the trainee of the action. Include the name of the command, GME program, trainee's rank, full name, and a summarized narrative of the circumstances, pertinent facts, and dates involved - including the total length of the extension (in months) and the revised training completion date.
All Written Communication to and from ACGME	Within 14 days of action	Copies of any written or electronic correspondence to or from any individual in the command to or from the ACGME or one of its RRCs. Any verbal or written communication with the ACGME or one of its RRCs regarding changes in Navy GME policy (such as changes in length of training, major residency restructuring, or statements concerning Navy GME philosophy) is not authorized without prior approval from NMETC and, when appropriate, the Chief, BUMED via the MEPC.
Program Director Appointment Report	Within 5 days of action	Copy of the letter of appointment to the GME program director in standard Navy letter format. Include the name of the command, the GME program, program director's rank, full name, and effective date of the appointment.

Negative reports **are** required for the Annual Reports. All reports must be reviewed and signed by either the Director for GME or the commander or commanding officer. Submit the above reports to: Naval Medical Education and Training Command Bethesda, GME Office, Bldg. 1, Tower 15, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611; or e-mail to: rbhurst@nmetc.med.navy.mil. Copies of detailed sample reports are available from NMETC.

POLICIES FOR RESIDENTS AFFECTED BY FTIS PROGRAM CLOSURE

Every consideration will be afforded to residents dislocated by the closure of a Navy GME program. The quality of training must be protected and personal inconvenience to the residents and their families must be avoided.

1. All displaced residents in training will complete their training without delays, interruptions, or undue expense. Specialty advisors and program directors will develop plans for each of their residents with these considerations in mind. DMEs will forward these plans to the NMETC Director of Medical Corps Programs, for approval and coordination.
2. Displaced residents forced to complete training in an FTOS program because of closure will incur obligated time as if they had continued in FTIS training. This policy includes incoming residents with the caveat that they must accept another Navy FTIS or an Army or Air Force program if available.
3. Displaced residents who enter an FTOS program will have their moving expenses paid following the current Navy policy and have any tuition fees and expenses for required integral parts rotations away from the core program funded by NMETC following current directives.
4. The option to pursue civilian training through the NADDS Program and deferment of their current obligated service will be available to all displaced residents who are Reserve medical officers chosen for an FTOS program.
5. Travel funds will be provided by NMETC for displaced residents who are required to interview to be accepted into other military or civilian programs. Interview travel reimbursement is limited to two trips per displaced resident.
6. All residents selected for FTIS training will be informed of these policies.

ABBREVIATIONS

ACGME	Accreditation Council for Graduate Medical Education
AFHPSP	Armed Forces Health Professions Scholarship Program
BUMED	Bureau of Medicine and Surgery
COMLEX	Comprehensive Osteopathic Medical Licensing Examination
DME	Director of Medical Education
EC	Executive Council
FAP	Financial Assistance Program
FITREPS	Fitness Reports
FTIS	Full-Time Inservice
FTOS	Full-Time Outservice
GME	Graduate Medical Education
GMEC	Graduate Medical Education Committee
GMEC/EC	Graduate Medical Education Committee/Executive Council
GMESB	Graduate Medical Education Selection Board
IPOT	Integral Parts of Training
JSGMESB	Joint Service Graduate Medical Education Selection Board
MEPC	Medical Education Policy Council
NADDS	Navy Active Duty Delay for Specialists
NAVPERSCOM	Navy Personnel Command
NBME	National Board of Medical Examiners
NBOME	National Board of Osteopathic Medical Examiners
NNC	National Capital Consortium
NOTAL	Not To All
NMETC	Naval Medical Education and Training Command
OFI	Other Federal Institutions
PGY-1	Post Graduate Year-1
RRC	Residency Review Committee
USMLE	United States Medical Licensing Examination
USUHS	Uniformed Services University of the Health Sciences